

MAR 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
 Township Blue
 City Independence Mo (No. _____)

Registration District No. 398
 Primary Registration District No. 558-4

File No. 6175
 Registered No. 54
 St. _____ Ward _____

2. FULL NAME

Henry Van Sweet
 (a) Residence, No. 8828 Winner Ad. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie D Sweet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 - 1867

7. AGE YEARS 69 MONTHS 6 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RR Mo Pacific

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Engineer

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Detroit (STATE OR COUNTRY) Michigan

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

17. INFORMANT William Henry Sweet (ADDRESS) 8828 Winner Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Int Wash DATE Feb 13 1937

19. UNDERTAKER Chas Mitchell (ADDRESS) Independence Mo

20. FILED 2-13-37 2. L. Cark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 10, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan. 10, 1937 to Feb. 10, 1937

I last saw him alive on Feb 10, 1937 Death is said to have occurred on the date stated above, at 2:00 pm.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) W. A. Martin, M. D.

(Address) 6800 Winner Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

